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Bib Data Sheet

CONFIRMATION NO. 3886

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|
| SERIAL NUMBER 10/029,720 | FILING DATE 12/20/2001 RULE | CLASS 435 | GROUP ART UNIT 1636 | ATTORNEY DOCKET NO. 1/1180 |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|

APPLICANTS
David S. Thomson, Ridgefield, CT;
Hans Michael Jennewein, Wiesbaden, GERMANY;
Michel Pairet, Stromberg, GERMANY;
Frank Kalkbrenner, Ummendorf, GERMANY;
Stefan Kreideweiss, Biberach, GERMANY;

**** CONTINUING DATA *******
THIS APPLN CLAIMS BENEFIT OF 60/256,876 12/20/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/06/2002

| | | | | |
|---|------------------------|----------------------|--------------------|--------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CT | SHEETS DRAWING 10 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 10 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials] | | | | |

ADDRESS
28501

TITLE
Dissociated glucocorticoid receptor antagonists for the treatment of glucocorticoid associated side effects

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|------------------------------------|---|---|
| FILING FEE RECEIVED 1828 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|